

## ARIZONA STATE BOARD OF HEALTH

PLACE OF BIRTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

County GilaState Ariz.

Township

or Village Rice

City

No.

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Lucinda Cook

{ If child is not yet named, make supplemental report, as directed

3. Sex  
FemaleIf plural  
births

4. Twin, triplet, or other.

6. Premature  
Full term Yes7. Legiti-  
mate? Yes8. Date of  
birth 4-5-30, 19  
(Month, day, year)9. Full  
name

FATHER

Louis Cook18. Full  
maiden  
name

MOTHER

Ida Morris10. Residence (usual place of abode)  
(If nonresident, give place and State) Rice  
Ariz.19. Residence (usual place of abode)  
(If nonresident, give place and State) Rice  
Ariz.11. Color or race 4/4  
Apache Indian12. Age at last birthday 41 (Years)20. Color or race 4/4 21. Age at last birthday 25 (Years)  
Apache Indian13. Birthplace (city or place) Rice  
(State or country) Ariz.22. Birthplace (city or place) Rice  
(State or country) Ariz.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. None23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housewife15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.16. Date (month and year) last  
engaged in this work17. Total time (years)  
spent in this work25. Date (month and year)  
last engaged in this work26. Total time (years)  
spent in this work27. Number of children of this mother  
(At time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn28. If stillborn,  
period of gestation. months  
(or weeks)

29. Cause of stillbirth

Before labor

During labor

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Alive at 1:00A m. on the date above stated  
(Born alive or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

(Signed)

M. D.

or

Midwife

Address

Filed

1932

Registrar.

Given name added from  
a supplemental report

(Date of)

332-405-942

Registrar.

in order of birth station.